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ABSTRACT

Upon completion of this learning unit on children with special needs, Child Development Associate (CDA) trainees should be able to advance children's physical and intellectual competencies, build children's positive self-concepts and individual strengths, promote positive functioning of children and adults in group settings, bring about coordination of home and center practices, and carry out related responsibilities. The module includes information on the importance of Public Law 94-142 (the Education for All Handicapped Children Act); ways to identify children with special needs; behavioral characteristics of the disabled child; strategies for working with handicapped children; development of children's self-concepts; staff training and preparation; assessment techniques; community resources and referral; teacher resources; and portfolio development. (Author/MP)

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CHILDREN WITH SPECIAL NEEDS

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OSCAR ROSE JUNIOR COLLEGE



OKLAHOMA CHILD DEVELOPMENT ASSOCIATE CURRICULUM

CHILDREN WITH SPECIAL NEEDS

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TABLE OF CONTENTS

I	INTRODUCTION	1
II	DEFINITION OF TERMS	4
III	PUBLIC LAW 94-142, A SUMMARY	9
IV	IDENTIFICATION OF CHILDREN WITH SPECIAL NEEDS	10
V	DISABILITIES	13
VI	SELF-CONCEPT DEVELOPMENT	34
VII	STAFF TRAINING AND PREPARATION	37
VIII	ASSESSMENT TECHNIQUES	40
IX	COMMUNITY RESOURCES AND REFERRAL	42
X	TEACHER RESOURCES	45
XI	PORTFOLIO DEVELOPMENT	57

CHAPTER I

INTRODUCTION

RATIONALE

Programs for young children should focus on meeting the developmental levels and needs of individual children. When this focus is incorporated into the goals of programs, the special needs of each child are recognized and plans for meeting these needs are implemented.

The special needs in children are not limited by size: they cover physical, motor, emotional, behavioral, intellectual, and mental problems. Each area plays a significant role in children's development; thus all solutions in meeting these needs must be employed.

Teachers of young children must develop the ability to recognize these special needs in individual children. They must then be able to interact with the children to foster total growth and development.

In addition, teachers must recognize their own limitations in evaluating and treating many special needs. They must be able to identify and locate services for referral of children and their families for more extensive therapy.

Accomplishment of the objectives in this area will foster the individual's development of the following competencies as defined by the Child Development Associate Consortium:

- Advances physical and intellectual competencies.

- Builds positive self-concepts and individual strengths.

- Promotes positive functioning of children and adults in a group.

- Brings about coordination of home and center practices.

- Carries out supplemental responsibilities.

OBJECTIVES

Upon completion of this area the trainee will be able to:

1. Define "special needs" in development and describe those which require specialized treatment.
2. Recognize various types of handicaps in children or case studies of children.
3. Develop a system and records for the referral of children with special needs.
4. Establish a file of referral resources available to young children and their families.
5. Accept children with handicaps.
6. Integrate children with handicaps into the total center environment.
7. Provide activities at the appropriate developmental level for children with special needs.
8. Promote positive self-concept development of all children through activities and guidance.
9. Provide referral and evaluation by specialists for suspected developmental problems.
10. Change the physical and psychological environment to best meet special needs of the children.
11. Demonstrate the techniques involved for working with special needs in children.
12. Implement recommendations from consultants to enhance development of children with special needs.
13. Assist the parents in coordinating the development of their children in both the center and the home.
14. Demonstrate an understanding of Public Law 94-142.
15. Demonstrate the ability to perform a developmental assessment.

16. Demonstrate the ability to write an Individual Education Plan.
17. Differentiate impairment, disability, and handicap.

CHAPTER II

DEFINITIONS OF TERMS

1. Abstract (behavior, ideas, intelligence, etc.)---Symbolic, the ability to manipulate or use symbols and concepts in dealing with unfamiliar problems. Antithesis of concrete which refers to particularized ideas and the manipulation of things.
2. Achievement, academic---The level of skill attained in education or school activities.
3. Adaptive behavior---The manner in which the individual copes with the natural and social demands of his environment. viz. intelligence.
4. Adjustment---A state of harmony and adaptation; a relationship (as to the environment, other persons, etc.).
5. Affect---A broad term including emotion, feeling, mood, and the ability to relate to others.
6. Age, mental (MA)---The age for which a given score on an intelligence test is considered average or normal.
7. Anxiety---Restlessness, agitation, and general distress due to the dread either real or unreal, of being helpless in a hostile environment.
8. Apathy---Morbid indifference.
9. Aphasic---Loss or impairment of the ability to communicate by language spoken, written, or by signs.
10. Assessment---Measurement or evaluation of an individual in terms of pre-conceived criteria.
11. Aura---A sensation that precedes and marks the onset of an epileptic attack.
12. Autistic---A childhood disorder rendering the child non-communicative and showing ritualistic behavior or obsession with sameness.
13. Battered child---Refers to the symptoms and physical damage associated with prolonged or chronic incidents of child abuse or "battering."
14. Behavior---Any activity of the organism, whether physiological, psychological, or social.

15. Brain injury---Various types of undifferentiated central nervous system disorders or damage (syn. brain damage).
16. Central nervous sytem (CNS)---The brain and the spinal cord.
17. Clinical services---Services provided to relieve, treat, modify, and manage recognized diseases and conditions through procedures and interventions consistent with the ethical requirements of the profession.
18. Compensation---The process of making up for a deficiency, either physical or psychological.
19. Congenital---Any condition which exists at birth.
20. Counseling---The relationship in which an individual receives help or finds an opportunity to release negative feelings and thus clear the way for adaptive growth.
21. Culture---The mores, folkways, institutions, and traditions which distinguish one group or nation from another.
22. Deprivation, environmental---Reduction or lack of environmental stimulation and of opportunities for acquiring knowledge ordinarily provided young children.
23. Development---The process of mental and/or physical maturation of an organism.
24. Diagnosis---Assessment based on structural observations and tests including: 1) previous history, 2) field observations of behaviors or symptoms, 3) expected behaviors for age group and cultural group, and 4) developmental expectations.
25. Disability, developmental---An incapacity in one or more aspects of development in the categories of exceptionality under the provisions of federal legislation.
26. Disadvantaged---Used to describe the factors associated with poverty and want. viz. deprivation, environmental.
27. Down's Syndrome (Mongolism)---A congenital condition characterized by a flat skull, oblique eyeslit, stubby fingers and thumbs, and a variety of other typical stigmata. Usually includes marked arrest of physical and mental development. Associate with chromosome error.

28. Dyslexia---Impairment of the ability to read due to central nervous system dysfunction. Associated with printed symbols. Boys outnumber girls three to one. May not be able to tell the difference in words he hears that sound alike, size and shape, discrimination, and sees letters and numbers reversed.
29. Educable mentally retarded (EMR)---An educational classification used to refer to mentally retarded persons who are capable of some degree of achievement in traditional academic subjects such as reading and arithmetic. Also used to refer to those mentally retarded children who may be expected to maintain themselves independently in the community as adults, or to that group of mentally retarded obtaining IQ scores between 50 and 80 on a standardized test.
30. Etiology---The cause of an illness, disease, or condition.
31. Familial trait---A characteristic which appears in successive generations of a family and which may be due to genetic or cultural influences.
32. Handicap---A deficiency physically, mentally, sensorally, linguistically, or emotionally that prevents normal achievement.
33. Hyperactive---Intense, driven, restless activity (hyperkinesis).
34. Impairment, sensory---Any damage or dysfunction of the special senses such as the visual or auditory apparatus.
35. Impulsiveness---Acting suddenly without foresight or prudence.
36. Individual Education Plan (IEP)---Specifically designed instruction to meet the needs of the handicapped child.
37. Intelligence---A multitude of interdependent factors which, when operating as a unit, direct the individual's mental behavior (in this book, includes sensory-motor development, cognition, adaptive behavior, social intelligence, and rate of previous learning).
38. Intelligence Quotient---An index or measure of a person's mental age, determined through the use of standardized intelligence tests.
39. Intervention---The application of techniques and procedures designed to improve or control ongoing behavior.
40. Labeling---Categorizing people according to definitions of different exceptionalities.

41. Learning disorder---Any condition related to severe academic deficiency which cannot be otherwise explained. Usually associate with minimal brain dysfunction. viz. preceding term.
42. Lethargy---An involuntary drowsiness or stupor.
43. Mainstreaming---Placing handicapped and non-handicapped children together in a least restrictive education setting.
44. Mental retardation---Refers to significantly subaverage general intellectual functioning existing concurrently with deficits in adaptive behavior, and manifested during the developmental period. It incorporates all that has been meant in the past by mental deficiency, feeblemindedness, dementia, etc., and is sometimes now referred to as developmental delay.
45. Minimal brain dysfunction---A relatively mild impairment of brain functioning that subtly affects perception, learning, and behavior without reducing overall intellectual potential.
46. Negativism---Tendency to do the opposite of what is expected or ordered.
47. Perception, auditory---The ability to comprehend and organize data that is heard.
48. Perception, visual---The ability to comprehend and organize data that is seen.
49. Rate of learning---That aspect of learning measured by IZ tests, refers mainly to speed of previous acquisition of knowledge.
50. Referral screening---The assessment of a child's behavior on an informal but efficient basis.
51. Sensation---Feeling, seeing, hearing, etc., produced by stimulation of the sense organ.
52. Sensory activity---The degree of transmission of impulses to the brain by the senses, most commonly vision and hearing.
53. Sensory motor development---The progressive growth and refinement of orientation, manipulation, locomotion, coordination, and representation skills based on the integration of sensation and experience.

- 54. Slow learner---A term used to refer to children who are educationally retarded. Also used to refer to children obtaining IQ scores from 80 to 90. Has occasionally been used as a synonym of educable mentally retarded.
- 55. Special education---An educational system which includes individual curriculum planning, personalized help, varying methods of presentation of materials, utilization of experimental methods of instruction, small class size, availability of special materials, opportunity for different kinds of practice, and class programming based on the specific needs of the pupil.
- 56. Trainable Mentally Retarded---An educational classification used to refer to mentally retarded persons who have difficulty with academics, independent social adjustment or independent occupational adjustment at the adult level. IQ range on a standardized test may be 30-50. Retardation will be known during infancy, because of marked delay in walking and talking.
- 57. Training---The process of helping the handicapped person gain new knowledge, skills, and abilities.
- 58. Trauma---Wound or injury, either mental or physical.

CHAPTER III

PUBLIC LAW 94-142, A SUMMARY

Public Law 94-142 is the Education for All Handicapped Children Act, enacted in November, 1975. It is the most comprehensive act to date in meeting the educational needs of the exceptional child. With the first requirement, listed below, early childhood special education becomes a legal mandate.

1. A free public education for all handicapped children between the ages of three and eighteen by September 1978, and for all those between the ages of three and twenty-one by September 1980. Exceptions are allowed in states where school attendance laws do not include children in the three to five and eighteen to twenty-one ranges.
2. An individualized education plan must be written for each handicapped child. Such a program must be developed through the joint efforts of a qualified school official, the child's teacher, the parent or guardian, and whenever possible, the child.
3. The handicapped and nonhandicapped child must be educated together to the maximum extent appropriate. Special classes and separate schools are possible only when the nature or severity of the handicap is such that education in regular classes cannot be achieved satisfactorily.
4. All tests and other evaluation instruments and their implementation must not be racially or culturally discriminatory.
5. All policies, programs, and procedures for educating handicapped children must have prior public notice and prior parent involvement and consultation.
6. All rights and guarantees of this new law apply to handicapped children in private as well as public schools.
7. All state-level agencies currently responsible for special education will have jurisdiction over all educational programs for handicapped children offered within a given state.
8. Each governor will appoint an advisory panel to advise and assist in the overall implementation of the law's requirements (Goodman, 1976).

CHAPTER IV

IDENTIFICATION OF CHILDREN WITH SPECIAL NEEDS

RATIONALE

All children have special needs which must be met to foster growth and development. Teachers of young children must develop the ability to identify these needs and the extent to which the child's ability to function is affected.

Needs of children may be physical, mental, emotional, or any combination of these. Often teachers can only determine a problem by observing children's behavior; they must consult a specialist for more complete evaluation.

ESSENTIAL CONTENT INFORMATION

I. WHO ARE CHILDREN WITH SPECIAL NEEDS?

- A. All persons have special needs; some people have more extensive needs in one area, and may have more areas of ability which have special needs.
 - 1. The special or handicapped child usually has more special needs than other children.
 - 2. These needs tend to interfere with everyday life and performance.
 - 3. As these needs begin to interfere with development, everyday life and performances, the school staff must seek special ways of meeting these needs.
- B. Some areas of special needs include vision, crippling conditions or physical needs, hearing, mental abilities, emotions, and disorders of perception.
- C. Since most persons have special needs, one must first describe what these are for individuals, and determine if they are major or minor needs.
 - 1. Special needs may go unrecognized and mistakes are mislabeled as "laziness," "slow," "disobedient."

2. These behaviors are symptoms of a problem, not the problem; therefore, we must gather data which leads toward diagnosis of the problem.
- D. A few behaviors which might indicate an area of a more major need:
1. Delayed language development; does not talk or understand language as well as others of the same age.
 2. On fringe of activity; does not get involved.
 3. May seem confused much of the time.
 4. Finds it difficult to play with or get along with other children.
 5. Cries often, more than other children.
 6. Frequent temper tantrums.
 7. Uncoordinated; clumsier than other children.
- E. When you suspect special needs, seek help through referral; professional training is required to evaluate these problems.
- F. Specialists can provide evaluation, diagnosis, and recommendations for individualized programming.
- G. When evaluation and diagnosis is given, the staff must remain open to change and not give unfair labels or categories of behavior to children with special needs.

II. ANY COMPLETE ASSESSMENT AND EVALUATION IS A COMPLEX PROCESS WHICH REQUIRES THE TRAINING OF SPECIALISTS.

- A. Adequate assessment may be completed through a variety of processes:
1. Formal tests
 2. Structured observations
 3. Interviews with parent, child, teacher
 4. Check-list observations

B. Assessment must be completed by a person or persons with training in assessing.

1. Teachers and/or paraprofessionals can contribute much to this process when working under the direction of a trained person.
2. Observations of teachers and parents contribute to assessment.
3. Data collected and recorded through daily work with the child is a valuable part of assessment.

C. Assessment often is done by use of a team approach.

1. Since human behavior is complex, assessment is more complete if a team of interdisciplinary people work together to describe the level of functioning and needs of the child.
2. This team may include teachers, psychologists, social workers, physicians, therapists, (speech, behavior, etc.), parents.

D. Some expected results of assessment might include:

1. Greater knowledge of the individual learning patterns of the child.
2. More knowledge of the strengths and weaknesses of the child.
3. More complete knowledge of current functional level of the child.
4. The elimination of labeling a child in general terms which mean nothing in terms of functioning level or behaviors considered in writing an IEP.

CHAPTER V

DISABILITIES

RATIONALE

The special needs of children are often referred to as handicaps or conditions which impair an individual's abilities to function. Teachers of young children should develop the ability to recognize behavioral characteristics symptomatic of each handicap and develop strategies for working with these children.

ESSENTIAL CONTENT INFORMATION

I. PHYSICAL/MOTOR DISABILITIES

A. Hearing Impairments

1. Problem areas

- a. A child may have difficulty hearing the loudness or intensity of a sound, and/or particular sounds.
 - (1) Hard of hearing persons may have a mild (20 decibel) loss to a severe (60 decibel) loss.
 - (2) A deaf person will have a loss of more than 60 decibels.
- b. Children with hearing disabilities often have difficulty speaking correctly.
 - (1) Speech may be delayed, developing slower than normal.
 - (2) There may be articulation problems, such as problems of accuracy with which sounds are made.
 - (3) There may be difficulty with voice quality in its loudness, pitch, and rate of speech.
 - (4) Stuttering can become a speech problem.

2. Behavior Characteristics

- a. They are inattentive in group or class activity.
- b. They may frequently give obviously incorrect responses to statements or questions.
- c. They may be observed to turn one side of their heads toward sound, thus indicating a loss in one ear.
- d. Speech which is usually loud or soft may indicate that they do not hear well.

- e. They may frequently ask one to repeat statements or questions.

3. Possible Causes

- a. Ear infections, as when children have colds can be temporary or may cause them to lose up to 50% of their hearing.
- b. Inner ear problems which are a result of damage to the nerves and hair cells may be caused by:
 - (1) German measles during the mother's first three months of pregnancy
 - (2) Viral infections during pregnancy
 - (3) Rh factor during pregnancy
 - (4) Childhood diseases such as meningitis or other illnesses having high fevers.

4. Strategies for working with children with hearing difficulties

- a. Talk with these children as often as possible.
- b. Provide them the opportunity to watch your vocal mechanism as you talk, and to see your lips move.
- c. It may be helpful for them to touch your throat or lips and feel the movement.
- d. Talk to them at eye level.
- e. Move near them when you talk to them.
- f. Speak naturally with a normal voice, and a moderate rate of speed.
- g. Speak in short, complete sentences.
- h. Give visual clues to what you are saying.

B. Language

1. Possible language problems

- a. A deficit in receptive language: the ability to understand ideas or feelings presented to them by speech, writing, or gesture.
- b. Problems of not receiving correct information, such as:
 - (1) Deafness
 - (2) Poor auditory discrimination or an inability to distinguish between sounds.
 - (3) Poor comprehension or a lack of understanding.

c. A deficit in expressive language, or an inability to convey the understanding they have to others through oral, written, or gestural language. Problems in this area may include:

- (1) Aphasia---An inability to speak, often caused by brain damage
- (2) Poor formulation---An inability to use and organize speech to convey ideas
- (3) Poor articulation---An inability to produce sounds
- (4) Poor or limited vocabulary
- (5) Poor syntax---A confused word order or nonuse of certain parts of speech
- (6) Poor inflection---A lack of voice quality in volume and pitch
- (7) Fluency problems---A disconnected speech

2. Some ways to help children with language problems include:

- a. Provide many normal language development activities.
 - (1) Talk to children on the telephone.
 - (2) Ask questions about activities they are involved with.
 - (3) Use puppets
 - (4) Dramatize
- b. Provide a model for good language.
- c. Label the children's activities with words. For example: "John is running."

C. Vision

1. Some problems of visual disability include:

- a. Total blindness---The inability to see anything. This category includes a minority of visually-impaired children.
- b. Many children with visual disability see the general shape of things, but see varying degrees of detail.

2. Some causes of visual impairment include:

- a. Amblyopia---A dimness of vision, sometimes one eye being better than the other.
- b. Astigmatism---A refractive error, light rays being prevented from focusing on the retina.
- c. Cataract---A condition of the eye in which the lens is clouded resulting in the dimming of vision.

- d. Glaucoma---An increased pressure in the eye, often leading to blindness.
 - e. Hyperopia---A far sightedness, where far objects are clear while near objects are fuzzy.
 - f. Myopia---A near sightedness, close objects being clear and far ones being fuzzy.
 - g. Nystagmus---An involuntary rapid movement of eye ball.
 - h. Strabismus---A squint, failure of two eyes to direct gaze simultaneously at same object because of muscle imbalance.
 - i. Accidents with sharp objects and falls account for a major portion of injuries.
3. Some behavioral characteristics of children with visual difficulties include:
- a. Rubbing eyes excessively
 - b. Tilting head, or thrusting head forward
 - c. Blinking more than usual
 - d. Holding objects near eyes
 - e. Squinting eyelids together
 - f. Appearing cross-eyed, watery-eyed, red-rimmed, or having swollen eyelids
 - g. Itching or burning eyes
 - h. Being dizzy or having headaches
4. How to help children with visual difficulties:
- a. Visually impaired children must rely heavily upon feel. For example: The non-visually impaired see a straight line; the visually-impaired must feel it.
 - b. The visually-impaired need to be talked to; this helps them understand their surroundings.
 - c. Encourage the use of materials which vary in sound, texture, and motion.
 - d. Their surroundings need to be consistent from day to day.

D. Orthopedic Handicaps

- 1. Children may have orthopedic handicaps caused by birth defect, disease, or accidents.

- a. Cerebral Palsy---A chronic, nonprogressive, motor disability which does not affect their intellectual ability. Their characteristic behaviors include:
 - (1) Motor patterns are spastic (slow, stiff movements) or athetoid (rapid, involuntary movement of fingers or limbs).
 - (2) These children may exhibit speech problems, often articulation problems.
 - (3) Children with mild cases are able to mobilize themselves. Those with severe cases may require assistance.
 - b. Anoxia---Baby does not have enough oxygen at birth, which may cause brain damage. Motor handicap may result and may range from slight to severe.
 - c. Damage to brain, nerves or muscles may occur after birth, as a result of:
 - (1) High fever
 - (2) Muscular dystrophy
 - (3) Meningitis
 - (4) Convulsions
 - d. Accidents can cause muscles and nerves to be damaged.
2. Some general behaviors to watch for which may indicate damage resulting in disability with motor activity are the following:
- a. Clumsiness
 - b. Difficulty in climbing, creeping, crawling, riding tricycle
 - c. Random uncontrolled marks with paint brush or crayons
 - d. Lack of ability to string beads (check vision also)
 - e. Difficult chewing and/or swallowing
3. Ways to help children with motor difficulties include:
- a. Encourage independence and normal exploration of the environment.
 - b. Adapt equipment to the specific needs of the child.

II. BEHAVIORAL DISABILITIES

Emotional/behavioral disabilities may vary from uncomfortable feeling to severely disturbed behavior.

- A. Although most people have emotional difficulties at some time, the children referred to as disturbed emotionally seem to have continuing difficulties which interfere with their total developments.
- B. Some specific emotional and behavioral problems include:
 - 1. The overactive child displays much hyperactive behavior.
 - 2. Some behaviors observed include:
 - a. Fidgety
 - b. Easily distracted
 - c. Disruptive in group activities
 - d. Unaware of other's feelings
 - 3. Suggestions for helping excessively active children:
 - a. Block their view of other activities
 - b. When leading them into a new activity, stay with them until they are involved.
 - c. Adapt the environment to avoid encouraging destructive behavior.
 - d. Allow specific times and ways they can express their active natures.
 - 4. The withdrawn child---A child who seems afraid or worried. Some observed behaviors include:
 - a. Crying easily
 - b. Not joining in with other children
 - c. Seeming to need routine and to be upset if things are changed
 - d. Being uncomfortable with new situations
 - e. Being uncomfortable with new people
 - f. Being unduly afraid of certain specific items, such as animals, lightning, etc.
 - 5. Some suggestions for helping withdrawn children are the following:
 - a. Be with them as much as possible in new situations or when there have been changes in the familiar routine.
 - b. Reassure them when they become afraid.

- c. Extra physical contact may help.
 - d. Encourage participation in activity and give praise.
 - e. Talk about worries and fears without confronting children with them.
 - f. Allow them to indicate their own fears; your observation could be incorrect.
6. The withdrawn child---Has difficulty relating to people and may remain distant. Some behaviors observed are:
- a. Little reaction to adults or children
 - b. Poor eye contact
 - c. Able to relate to objects more than people
 - d. May repeat a phrase over many times
 - e. Barely communicate with words
 - f. May stare for periods of time
 - g. May handle a toy, but not use it as it was intended.
7. Some suggestions for helping withdrawn children are the following:
- a. Avoid barging into the world of these children. Progress will likely come slowly. Barging in may cause more retreat.
 - b. Observe what their likes are. Try to initiate activity which will bring them pleasure.
 - c. Build trust.
 - d. If they respond to physical contact, use the touch of your hand on theirs for reassurance.
 - e. Provide some structure.

III. DEVELOPMENTAL DELAY

Mental/intellectual delay as defined by the American Association on Mental Deficiency refers to "significantly sub-average, general intellectual functioning existing concurrently with deficits in adaptive behavior and manifested during the developmental period."

- A. Intellectual functioning is assessed by use of standardized tests developed for this purpose; significantly sub-average means two standard deviations below the average.
- B. The developmental period is referred to as having an upper limit of age eighteen.

- C. Adaptive behavior is the effectiveness with which individuals meet personal independence standards and social responsibility expected for their age group and cultural group.
1. Adaptive behavioral deficits seen in infancy and early childhood include:
 - a. Sensory-motor skill development
 - b. Speech and language
 - c. Self-help skills
 - d. Socialization or the ability to interact with others
 2. Some deficits observed in childhood and adolescence include:
 - a. Use of basic academic skills in daily life activities
 - b. Use of appropriate reasoning and judgment in mastery of the environment
 - c. Participation in group activities and interpersonal relationships
 - d. Late adolescence vocational responsibilities
- D. Characteristics and levels for persons having mental retardation according to the classifications of American Association on Mental Deficiency:
1. Profoundly-delayed children, age three years and above may exhibit the following behaviors:
 - a. Independent feeding not seen, cooperate in feeding but do not feed themselves.
 - b. Physical development---sit up, pull up, reach for objects, thumb-finger grasp, manipulate objects.
 - c. Communication---imitate sounds, laugh back, may say "Da Da" or "Buh Buh," no effective speech, may gesture.
 - d. Social---knows familiar people and may interact non-verbally.
 2. Severely-delayed persons, age three years:
 - a. Attempts self-feeding (usually fingers); cooperate with dressing, bathing, and toilet training; may remove clothing, but not as structured undressing.

- b. Physical development---stand alone; may walk unsteadily or with help; coordinate eye-hand movements.
- c. Communication---one or two words, mostly vocal play.
- d. Social---respond to others in predictable fashion; communicate needs with gestures; play "patty-cake" but with little interaction.

3. Moderately-delayed persons, age three years:

- a. Try to feed themselves with spoon; considerable spilling, remove socks, pants; cooperate in bathing and toileting; may indicate wet pants.
- b. Physical---walk alone unsteadily; can pass ball or objects to another; may run and climb steps with help.
- c. Communication---may use four to six words; communicate many needs with gestures.
- d. Social---play with others short periods, often parallel play; recognize others and may show preference for some persons.

4. Mildly-delayed persons, age three years:

- a. Feed themselves with spoon with considerable spilling; drink unassisted; pull off clothes and put some on; try to help with bath; indicate toilet accident and may indicate toilet need.
- b. Physical---may climb and descend stairs (not alternating feet); may run and jump or balance briefly on one foot; can pass ball to others, transfer objects; may do simple-form board puzzles.
- c. Communication---two to three word sentences such as: "Daddy go work." Name simple objects; understand simple directions; know people by name; may continue to use many gestures.
- d. Social---may interact with others in simple play activity, usually only one or two; prefer some persons over others.

E. Some suggestions for helping the developmentally delayed:

- 1. Observe children to be fully aware of their individual development; begin work with something they can do, respect their pace.
- 2. Give short directions (often one word or a phrase); then wait for response.

3. Provide language models by naming objects and actions frequently.
4. Be consistent with directions and daily schedules.
5. Allow for movement; do not attempt to force children to sit still.
6. They may indicate the need for more structured activity.
7. Use a multi-sensory approach in teaching.
8. Encourage exploration of materials; allow them to do this their way, which may differ from non-delayed children.

IV. LEARNING DISABILITIES

- A. Learning disability is defined as a special learning disability which exhibits a disorder in one or more of the basic psychological processes in understanding or in using the spoken or written word. It may be manifested in disorders of listening, thinking, talking, reading, writing, spelling, or arithmetic. The definition assumes an average or better IQ as measured by a Standardized test. There is a significant educational discrepancy between the child's potential (average or better IQ) and the child's actual performance. There is also difficulty in language processing.
- B. Characteristics of a learning disability have been described in as many as 40 different ways, but these are some of the most frequently observed:
 1. True hyperactivity
 2. Perceptual motor deficits
 3. Specific learning and language deficits
 4. Disorders of memory sequencing and conceptual thinking
 5. Disorders of attention
 6. Disorientation in general
 7. Impulsivity

8. Perseveration
9. Emotional instability
10. Poor body image self-concept

C. Teaching strategies might include:

1. Diagnosing properly, writing an IEP, and proper implementation and evaluation of the teaching strategy and records of success of the child.
2. Manipulate the variables of teaching:
 - a. Limit space to quiet areas because of the distractibility of the child.
 - b. Regard time as it relates to increasing the attention span of the child and what is an age appropriate attention span.
 - c. Plan for the appropriate number of tasks a child must complete or pieces to manipulate in a task.
 - d. Minimize extraneous distractions by using small groups.
 - e. Make the task challenging but not too difficult.
 - f. Give simple instructions and reduce the number of instructions. Do not overload the child with words.
 - g. Be sure a positive, warm intrapersonal relationship is established between teacher and child, and the other children.

D. Considerations for Activity Planning

1. Perceptual motor activities to develop coordination
2. Multi-sensory approach to activities to develop awareness
3. Visual aids to aid auditory perception
4. Gestures to aid discussion and direction giving
5. Sequencing stories, games, pictures
6. Relaxation training
7. Self control motor activities to use during transition periods in the schedule

8. Task analysis
9. Progress record and observations are important.

V. ECONOMIC DEPRIVATION

A. Economic---Those children who have economic deprivation (who do not inherit genes that predispose mental retardation) and have to fight against heavy odds, even prenatally.

1. Research is pointing to the adverse effects to the baby of the mother's poor nutrition prior to conception and during prenatal development.
2. A larger percent of pregnant women in poverty environments do not seek medical care during pregnancy, and the consequent risks to baby are higher.
3. Crowded living conditions may increase incidents of severe disease or long term chronic disease which has an effect on the functional levels of children.
4. Over-abundance of sensory stimuli in a limited environment may encourage children to "turn off" sensory stimuli, and thus inhibit development.
5. Teenage pregnancy is a social epidemic and results in 40% of special needs children being born to teenage parents.

B. Characteristics of Economically Deprived Children

1. Less competitive---more group achievement oriented
2. Must accept responsibility earlier than their middle-class counterparts.
3. They have superior coordination and a knowledge for survival.
4. They are concrete and not flexible in their learning style.
5. Anger is often expressed overtly.

6. The children are physical rather than verbal in their expression.
7. The children have a visual learning style, not the auditory learning style to which many teachers have been accustomed.
8. The children are externally oriented and are more concerned with feelings rather than thoughts.
9. The children identify better with concrete rather than abstract instruction.
10. The child is slow, patient, careful, and deliberate, not necessarily fast, clever, and adaptive.

C. Some Considerations for Teaching the Economically Deprived

1. Plan activities in which the child will succeed.
2. Classrooms should be structured.
3. Use concrete examples.
4. Avoid competition as an intrinsic motivator.
5. Physical activities, like role playing, films, dramatic play, field trips are helpful.
6. Language development and increased vocabulary should be emphasized.
7. Avoid activities requiring speed.

VI. CHILD ABUSE AND NEGLECT

A. Federal Child Abuse Prevention and Treatment Act - January 31, 1974

Child Abuse and Neglect means the physical or mental injury, sexual abuse, neglectful treatment, or maltreatment of a child under the age of eighteen by a person who is responsible for the child's welfare under circumstances which indicate that the child's health or welfare is harmed or threatened thereby . . .

B. Oklahoma State Law

1. Defines "abuse and neglect" as harm or threatened harm to a child's health or welfare by a person responsible for the child's health or welfare.
2. Defines "child" as a person under the age of 18.
3. Requires any person who believes that a child has been abused or neglected to report the matter to the Department of Institutions, Social & Rehabilitative Services promptly and in writing. To knowingly and willingly fail to do so is a misdemeanor.
4. Protects the anonymity of all persons reporting suspected cases of child abuse or neglect.

C. Types of Abuse

1. Physical battering
2. Neglect
3. Sexual
4. Emotional

D. Factors Associated with Abusive Parents

1. Parents very young in age
2. Child conceived premaritally
3. Parents having marital difficulties
4. Family socially isolated from the community
5. Family moves frequently
6. Parents have low self-esteem
7. Mother is abused by husband
8. Parents have unrealistically high expectations for children's behavior.

9. Parents often being abused as children and did not receive the emotional nurturance needed.
10. One or both parents emotionally unstable
11. Parents having no positive models for learning how to be a "good" parent.
12. A crisis situation occurring which precipitates abuse.
13. Father absent from or uninterested in home.

E. The Factors Associated with Children who are Abused

1. Infants and toddlers are abused more than any other age group.
2. Male children are abused more than female.
3. Mothers often describe the children they abuse as demanding or difficult children.
4. An abused child often reminds the abusive parent of a hated person.
5. The abused child is often "different" from the other children in the family in some way; developmentally slow, developmentally advanced, physically handicapped, etc.

F. Checklist for the Detection of Possible Neglect and Abuse

1. An unexplained injury to a child; particularly a fracture in a child under two.
2. A history of accidents inappropriate for child's level of development.
3. Evidence of skeletal trauma through the use of X-ray.
4. History of repeated accidents, frequent bruises and falling.
5. Failure to grow or develop according to schedule.

6. Evidence of disturbed mother-child relationship; child not attached to mother and mother showing lack of empathy.
7. Child unclean, unkempt, or inappropriately dressed.
8. Child has rashes or injuries to the skin such as cigarette burns, bite marks, belt lashes, etc.
9. Child behaves in very shy, fearful, and inhibited manner, or on the other extreme, may be impulsive and over-aggressive.
10. Child being habitually tired and listless.
11. Child being frequently tardy or absent from school.

G. What to do When You Suspect a Child has Been Neglected or Abused

1. Discuss this with the center director.
2. Contact the official child abuse reporting agency for your state who has the legal authority to take appropriate action. In Oklahoma, this agency is DISRS.

H. Techniques for Working With the Abused

1. Teachers
 - a. Do respect the "feelings" of a child.
 - b. Don't reject a child.
 - c. Don't criticize nor reprimand a child in front of others.
 - d. Do use a positive approach---encourage at all times.
 - e. Do keep anecdotal records of significant and specific acts. Be objective.
 - f. Do have a stimulating classroom environment: books, bulletin boards, centers of interest, tools, equipment, materials.
 - g. Don't make a crisis of everything.
 - h. Do keep your voice low, clear, and firm.
 - i. Don't shout or raise your voice to a high pitch.
 - j. Do be fair, unemotional, and calm.
 - k. Do avoid being placed on the "defensive"--don't argue with children.
 - l. Do discuss actions, not personalities.
 - m. Do remember punishment is not always the answer.

- n. Don't show negative feelings toward a child. Always let him know you like him.
- o. Don't make quick diagnoses.
- p. Don't accuse or threaten. You may have to carry out something which is impossible or impractical.
- q. Do use the director as a resource person. Consult him/her often. Make no major decisions without his/her guidance, suggestions, and approval.
- r. Do request outside resource help. Don't "go it alone."
- s. Do listen more than you talk. You may learn something.

2. Parents

- a. Listen to the language of behavior. Tears, a laugh, a sullen face, a slammed door have meaning just as words do.
- b. Respond to verbal and non-verbal communication appropriately. Let the child realize that you accept his feelings, whatever they may be, and therefore he can verbally express them to you if he so chooses.
- c. Learn to respond reflectively. Let him know what you think he is feeling at a particular moment without placing a value judgment on his feelings.
- d. Be less teachy. Do not get so caught up in the idea that you have to be "teaching" your child something all of the time. In doing this, you may overlook his problem of the moment.
- e. Realize the importance of listening. This can play an important part toward enhancing your child's feeling of self-esteem and self-confidence (listening can communicate any number of different but overlapping messages, such as "You're a worthwhile person" and "I respect your point of view.").
- f. Be an active listener. Make a conscious and obvious effort to understand and care about what your child is saying.
- g. Accept early language imperfections. The English language does not always follow its own rules. A child who is constantly corrected might have difficulty being spontaneous and sharing his experiences or feelings because he fears criticism.
- h. Start listening early. Communication between parent and teenager is extremely difficult if the groundwork has not been laid early. What is "important" is a relative matter and any child's concern is important to him.

VII. STRESS AND ITS EFFECTS ON THE FAMILY

Research has indicated that stress is a contributing factor to child abuse. The following stress scale attaches points to stressful life situations.

A. Stress Scale

Divorce	73
Marital separation	65
Jail term	63
Death of a close family member	63
Personal injury or illness	53
Getting married	50
Getting fired	47
Reconcile your separation	45
Retirement	45
Pregnancy	40
Sex difficulties	39
Gain new family member	39
Business readjustment	39
Change in financial situation	38
Death of close friend	38
Change line of work	36
Change in number of arguments with spouse	35
Take out a mortgage on your home	31
The mortgage on your home is foreclosed	30
Son or daughter leaving home	29
Trouble with in-laws	29
Outstanding personal achievement	28
Trouble with your boss	23
Change in eating habits	16
Death of spouse	100

B. Persons Who Experience Stress:

1. Have aggressive, hard-driving personalities
2. They move, walk and eat rapidly
3. Feel impatience with the rate at which most events take place
4. Strive to do two or more things at one time

5. Feel guilty about doing absolutely nothing
6. Attempt to schedule more and more in less and less time

C. Persons Who Wish to Modify Their Reactions to Stress Might:

1. Study the way you use time and correct the time wasters that put unnecessary pressure on accomplishing tasks.
2. Declutter your desk; work in an environment with a tranquil decor and be with people who don't aggravate your Type A characteristics.
3. Use lunchtime for recreation or socializing, not business, and take a walk during morning and afternoon breaks.
4. Schedule times for peaceful reflection during the week.
5. Analyze your behavior by reviewing your daily schedule.
6. Take part in regular aerobic exercises such as swimming, jumping rope, running, or bicycling; eat breakfast; eliminate sugar and cigarettes; use alcohol moderately; assume total responsibility for your mind and body and give yourself permission to express your emotions.

D. Four Basic Contributors to a Relaxed State

1. A quiet environment, with as few distractions as possible
2. A mental device to help shift the mind from externally oriented thought (such as a sound, phrase, or visual image)
3. A passive attitude to help redirect attentions from distracting thoughts
4. A comfortable position that eliminates undue muscular tension

E. Six Steps for Inducing Relaxation

1. Sit quietly in a comfortable position.
2. Close your eyes.

3. Relax all your muscles, beginning at your feet and progressing upward to your face.
4. Breathe through your nose. Become aware of your breathing. As you breathe out, say the word "One" silently. Breathe easily and naturally.
5. Continue the above for 10 to 20 minutes. You may open your eyes to check the time but do not use an alarm. When you finish, sit quietly for several minutes, at first with your eyes closed and later with your eyes open.
6. Don't worry about whether you are successful or not. Maintain a passive attitude and allow relaxation to occur at its own pace. When distracting thoughts occur, try to ignore them and return to repeating "One." With practice the relaxation response should come with little effort. Practice once or twice daily but not within two hours after any meal since digestive processes seem to interfere with the response.

VIII. CHILDREN FROM SPECIAL FAMILIES

- A. Children from special families may experience a multitude of factors which affect their total functioning within the early childhood program. The teacher needs to be cognizant of these factors which may be associated with special families in order to work more effectively with their children.
- B. Examples of Special Families Include:
 1. Single-parent families
 2. Divorced parents
 3. Separated parents
 4. Unmarried mothers
 5. Different cultural or ethnic group
 6. Adoptive parents
 7. Foster parents

8. Children in residential settings
9. Families in which a parent has died
10. Families in which a parent is handicapped
11. Families in which a parent has remarried numerous times

CHAPTER VI

SELF-CONCEPT DEVELOPMENT

RATIONALE

Concepts children have of themselves are formed early in life; they affect the ways children function in the environment. Self-concepts are developed through what children believe the significant people in their lives feel about them.

The development of positive self-concepts is an essential component in programs for young children. Attitudes and expressions related to children by teachers are important factors in the development of self-concept.

ESSENTIAL CONTENT INFORMATION

- I. SELF CONCEPT IS THE COMPOSITE IMAGE CHILDREN HAVE ABOUT THEMSELVES; THIS INCLUDES BOTH PHYSICAL AND PSYCHOLOGICAL SELF-IMAGES
 - A. Physical self-images are formed first; they are concerned with children's general appearance, including:
 1. Thoughts and feelings about attractiveness or unattractiveness. Interactions with environment may facilitate one's feeling of attractiveness.
 2. How children think and feel about their sex appropriateness or inappropriateness.
 - a. Are they able to accept their sex role, or do they develop feelings of sex inappropriateness. Ex.: An active girl may be told, "You should have been a boy," or "Girls aren't that active; be more feminine."
 - b. The discovery of feelings they have about their sex ("I am a girl" or "I am a boy") have great implications for behavior.
 3. Their body parts, body movements, and use of body facilitate:
 - a. Feelings of mastery over objects in the environment
 - b. Praise or prestige use of the body gives or provides in the eyes of others.

- B. Psychological self-images are based on thoughts, feelings, and emotions.
 - 1. Qualities and abilities affect the children's adjustment to life situations; some include:
 - a. Independence
 - b. Self-confidence
 - c. Honesty
 - d. Courage
 - 2. The aspirations and abilities of the children; what they aspire to and their abilities to reach the aspirations.
- C. The coordination of physical and psychological self-images is often difficult.
 - 1. Young children may tend to think of the physical self and psychological self separately.
 - 2. As they grow older, these concepts of physical and psychological fuse, and they perceive themselves as unified individuals.
- D. Much of what their self-concept is may be based upon what they believe the significant people in their lives think of them.
 - 1. Others become a "mirror" through which they see themselves.
 - 2. Children learn to think and feel about themselves as they are defined by others, through love, praise, punishment, etc.
 - 3. These "mirror images" are often faulty.
 - a. What children perceive may be incorrect so they may misinterpret.
 - b. Others may not adequately send messages. Example: If attention is focused on activities which are displeasing, and no attention on activities which are pleasing, negative feelings about the children may be the message sent.

II. TYPICAL PATTERNS IN THE DEVELOPMENT OF SELF-CONCEPT

- A. Development of self-concept is continuous.
- B. The basic or primary self-concept, acquired first, is founded upon experiences children have in the home.
- C. As contact outside the home increases, the children acquire other concepts of self which become the secondary self-concept: how they see themselves through others.
- D. By early elementary school-age, children have often formed quite stable images or concepts of themselves.
- E. Changing concepts of one's self is usually very difficult.
- F. For most children, self-concept may seem to work as a self-fulfilling prophecy; for example, children have an idea of how well they can do and behave in ways which confirm this expectation.

CHAPTER VII

STAFF TRAINING AND PREPARATION

RATIONALE

Integrating children with special needs into the program can have traumatic effects on staff and other children if preparations are not made in advance. Some physical facilities may need to be altered and some special materials made available to meet the individual needs of children.

Staff members must have the training and psychological preparation to enable them to accept the children and their problems. In addition, training will enable teachers to provide a smooth transition of special needs children into the group setting.

ESSENTIAL CONTENT INFORMATION

- I. THE PREPARATION OF THE STAFF PRIOR TO INTEGRATING CHILDREN WITH HANDICAPS INTO THE PROGRAM IS IMPORTANT; SOME MAJOR FACTORS TO CONSIDER ARE THE FOLLOWING:
 - A. Most staff may have had no contact with children with special needs; these teachers frequently find themselves dealing with strong emotional feelings of their own.
 1. Negative feelings may suddenly appear.
 2. It is natural to have such feelings.
 3. Open discussion of these feelings can be most helpful.
 - B. Staff time-demands may increase; different management of time may be necessary.
 - C. There could be a need for additional personnel; this could be paid staff or volunteer.
 - D. Integrating children with special needs into a program means that they become a part of all activities of the school.

1. Teachers may require assistance adapting activities to meet these more diverse or extreme needs as well as to continue to meet needs of the other children.
 2. Help may be required in assisting or facilitating the other children's acceptance of differences.
- E. Staff need for using community resources may increase as they look for ways to facilitate programs for children with special needs.
1. The staff may need information on what services are available and how they can be used.
 2. A community resource directory is needed.
 3. The staff may need training which explains the best techniques for use of resources to assist children with special needs.
- F. Assistance may be needed in identifying the special equipment needed.

II. TYPES OF TRAINING NEEDED

- A. Programs for young children should provide staff training, for the following reasons:
1. To keep the staff up-to-date on new developments in the field
 2. To satisfy the need for refreshing renewal for the staff
 3. To continue professional growth
 4. To assist the staff in meeting the special needs of children.
- B. Staff training can be done in a variety of ways.
1. Lectures and discussions with specialists brought into center
 2. Attending workshops and conferences away from the center
 3. Consultants brought in to work with classrooms at the center, during class time

4. Slides, filmstrips, and films used as an enrichment for regularly scheduled staff meetings or training sessions
5. Staff enrolling in college courses
6. Discussion with parents, who assist with helping teacher to recognize special needs
7. Visitation to other programs

III. PHYSICAL CHANGES NEEDED IN ORDER TO ACCOMMODATE CHILDREN WITH SPECIAL NEEDS

- A. Doors need to be wide enough to allow passage of wheelchairs.
- B. Ramps may be needed for uses of wheelchairs or other special equipment.
- C. Handrails are needed near toilets.
- D. Non-slip floor covering makes mobility easier for those with difficulties.
- E. Equipment should be accessible to all children--- sturdy, safe blocks in front of sink, sand table may facilitate this.
- F. Seats and equipment adjusted for floor use may be necessary.
- G. Learn to observe children's needs and improvise to find ways to adjust material to fit these needs.
- H. Seek consultation service to give assistance in adapting equipment.
- I. Seek commercial equipment made for special needs.
- J. Special children may require special equipment during routines.

CHAPTER VIII

ASSESSMENT TECHNIQUES

RATIONALE

Assessment of children with special needs is required by Public Law 94-142. From the assessment of the child the Individualized Education Plan can be developed, thus helping the teacher re-evaluate his/her planning for the children. The implementation of the IEP can help each child move forward at an optimum rate.

Assessment should be ongoing and results should be used for planning, not for labeling.

ESSENTIAL CONTENT INFORMATION

I. ASSESSMENT PROCESSES

- A. Medical
- B. Behavioral Assessment
- C. Educational Evaluation

II. APPROACHES TO ASSESSMENT

Assessment can be either formal or informal, or task analysis.

- A. Formal Testing includes standardized testing by a trained professional in an optimum setting.
- B. Informal Testing can be done systematically by using a variety of observational techniques.
 - 1. Anecdotal records
 - 2. Rating scales
 - 3. Running records
 - 4. Measurements of behavior

5. Inventories

6. Individual observations

C. Task Analysis

Task analysis is a process of isolating, describing, and sequencing all essential sub-tasks for the child to perform and master.

CHAPTER IX

COMMUNITY RESOURCES AND REFERRAL

RATIONALE

Fulfilling the requirements of children with special needs often requires the utilization of services and agencies with specialists trained to meet these needs. Specialists have the ability to evaluate needs, provide treatment, and prepare for the integration of these children into group situations.

Teachers of young children should be acquainted with community resources available and the services which can be provided to children and families with special needs. Referral information should be readily available to teachers; they should know the method of referral preferred or required by each agency.

ESSENTIAL CONTENT INFORMATION

I. REFERRAL

Referral is the process of seeking assistance of specialists to help facilitate the best program development or service for a child. A consultant may be called in, or the child may be taken to a consultant.

- A. Children and their families may be referred to other agencies at any time the teacher, child, and/or parents feel the need for more information. Some reasons include:
1. To identify and evaluate conditions related to health, vision, hearing, etc.
 2. To identify and evaluate, diagnose emotional problems.
 3. To identify and evaluate, or diagnose problems of intellectual or learning ability.
 4. To obtain information on how to develop a program for particular needs already identified.
 5. To consult and counsel families.
 6. To provide therapy for special needs.
 7. To provide financial assistance.

B. Records of referral should be kept for each child, and for each referral made. These should include:

1. Information accurately describing the problem, or why referral was made
2. To whom or what agency referral was made
3. Date of referral
4. Results of referral

II. WHERE TO GO FOR HELP

- A. An individual teacher first documents through observation (and other methods) that there is need for help.
- B. This teacher seeks help of other professionals in the school including other teachers and the director.
- C. Together, they seek help of parents.
- D. They use the referral directory to seek community service.

III. PROCESS OF REFERRAL

- A. After in-school sources have been explored (as described in II), a decision is made to seek help of other agencies or persons.
- B. Before seeking community service, the teacher has already worked in close relation with parents to understand and explore the problem. Their permission must be obtained before other steps are taken.
- C. Follow steps A and B, gather records and all data which will describe problem.
- D. Identify community source, and set a date for referral; send records which this agency will need.
- E. Arrange with the referral agency how the referral results will be reported before the agency sees the child.

1. An oral report may be desired.
2. A written report should be obtained.
3. Decide if the referral agency, or teacher, or both will report results to parents.

IV. REFERRAL DIRECTORY

- A. Every center should maintain an updated directory of supplementary services.
- B. It is helpful for the center to have a working relationship with other community agencies.
- C. Sources of referral may be obtained by:
 1. Contacting local agencies already seeking referrals; they may provide a starter list.
 2. Seeking and contacting local agencies for descriptions of their services.
 3. Contacting national agencies and asking for the name and address of a local representative, etc.

CHAPTER X

TEACHER RESOURCES

INTRODUCTION

Activities for young children must be organized to be effective and require evaluation to determine their effectiveness. Through the use of an activity file card system, the individual teacher can better organize his/her time to meet the individual needs of the children.

When activity plans are written in a uniform fashion and kept in an organized manner, a volunteer, aide, or substitute can become familiar with what is being done and be of assistance to the teacher. In addition, the file cards provide a useful reference for future teaching of young children and provide a resource when the teacher is at a loss for activity ideas.

ESSENTIAL CONTENT INFORMATION

I. SETTING UP THE ACTIVITY CARD FILE

A. Procedures for Developing the File

1. Obtain a 5" x 8" file box and file cards.
2. Divide the file into your chosen curriculum divisions.
3. Develop learning activities for each curriculum division to carry out your yearly and weekly program plans.
4. Keep extra cards available to write up new activities you learn from other teachers and at workshops.

B. Suggested Curriculum Divisions

1. Topical
 - a. Art
 - b. Body skills
 - c. Family
 - d. Health
 - e. Language
 - f. Mathematics
 - g. Movement

- h. Music
- i. Nutrition
- j. Safety
- k. Science
- l. Self-concept
- m. Social Science
- n. Transitions

2. Developmental

- a. Fine motor
- b. Gross motor
- c. Social
- d. Emotional
- e. Cognitive
- f. Language
- g. Appreciation

II COMPONENTS OF AN ACTIVITY CARD

A. Teacher Developed Activities

The following format would be used for activities which the individual designs or develops after seeing the activity presented by someone else. It should not be used to duplicate information from a resource which the teacher has available for future use.

- 1. Concept or Skills---A general topic of what will be taught. This is similar to a teacher goal.
- 2. Activity---The title of the activity
- 3. Learning Center---Where this activity will typically be done in the classroom or center.
- 4. Grouping---The size group for which the activity is best suited and/or the age group for which the activity is appropriate.
- 5. Objective---A statement of the behavior(s) that the child(ren) should be able to perform upon completion of the activity.

6. Materials---A listing of all the items needed for carrying out the activity.
7. Procedures---A sequential listing of all the steps involved in carrying out the activity.
8. Other Concepts or Skills---A list of other concepts or skills (if any) which can be developed by this activity.
9. Other Activities---A list of other activities (if any) which will also teach this concept or skill.
10. Recommendations---(This information should be on the back of the card). A critique of the activity to determine if the objective(s) were accomplished. The recommendations would also include statements useful for future reference about how the activity could be improved, appropriateness for age level, etc.

B. Activities from Resource Books

The following format would be used for activities which can be found detailed in a resource which the teacher possesses or has readily available. It is not necessary to duplicate the information in the resource, but an activity card needs to be written to aid in location of the information.

1. Concept or Skill---A general topic of what will be taught. This is similar to a teacher goal.
2. Activity---The title of the activity
3. Learning Center---Where this activity will typically be done in the classroom or center.
4. Grouping---The size group for which the activity is best suited and/or the age group for which the activity is appropriate.
5. Resource---The title of the resource where the activity is detailed.
6. Page---The page number in the resource where the activity is detailed.

7. Other Concepts or Skills---A list of other concepts or skills (if any) which can be developed by this activity.
8. Other Activities--- A list of other activities (if any) which will also teach this concept or skill.
9. Recommendations--- (This information should be on the back of the card). A critique of the activity to determine if the objective(s) were accomplished. The recommendations would also include statements useful for future reference about how the activity might be improved, appropriateness for the age level, etc.

III. SAMPLE ACTIVITY CARDS

(See page 52)

IV. RESOURCE UNIT CARDS

A. Definition

A summary of the activities and resources available for teaching a specific concept or theme

B. Purpose

A resource unit card provides a quick, easy reference for developing weekly and daily plans. It provides an overall picture of an instructional unit.

C. Components of the Resource Unit Card

1. General concept or theme
2. Specific objectives for the children to accomplish to develop an understanding of the theme or concept
3. Titles of specific activities, resources, field trips, etc. that will be utilized in teaching the concept or theme. (Specific activities will be detailed on activity cards and complete plans will be written in the instructional unit).

4. Resources

- a. Books, stories, films, pictures
- b. Poems, fingerplays
- c. Songs, records, rhythms
- d. Dramatic play themes
- e. Outdoor activities
- f. Art activities
- g. Field trips
- h. Manipulative materials
- i. Visitors
- j. Cooking experiences
- k. Group discussions
- l. Other

V. SAMPLE RESOURCE UNIT CARD

(See page 54)

VI. RESOURCE FILE

A. Definition

An organized collection of materials to support the instructional units. The file includes materials which the teacher will utilize in activities with the children. Utilization of specific materials will be detailed on activity cards.

B. Purpose

To provide a convenient method for organizing pictures, flannel stories, etc. for utilization while teaching.

C. Organizing the Resource File - Pictures Section

1. Gather a variety of pictures to support the range of concepts you will be presenting to the children.
2. Cut out, mount, and cover with contact paper.
3. Sort pictures into categories.

4. Label folders and file pictures.
5. Similar folders can be made for flannel stories, patterns, picture cards, etc.
6. Concepts which the picture teaches and questions about the picture which will develop a concept should be written on the back of each picture.

D. Organizing the Resource File - Flannel Stories, Puppet Stories, Etc.

1. Sort stories into categories.
2. Label folders and file stories.
3. Include concepts which the story teaches and questions about the story on the story script.

E. Other Materials

1. Transitions
2. Recipes
3. Bulletin board ideas/materials
4. Songs

F. Organizing the Resource File - Children's Books and Stories

1. Write a book card on any children's book or story you feel will teach the concepts of your program, support the themes, entertain the children, teach language, etc.
2. Each book card should contain the following:
 - a. Title
 - b. Author
 - c. Publisher
 - d. Date of publication
 - e. Cost (if available)
 - f. Summary of content
 - g. List of concepts the book or story teaches
 - h. Where book is located---center, library, home, etc.

3. Sort cards into categories.
4. Label folders and file cards.
5. Sample book card
(See page 56)

G. Organizing the Resource File---Parent Education Materials

1. Gather a variety of materials which are good teaching aids for parents. These may include pamphlets, flyers, booklets, materials which you make yourself, etc.
2. The materials should be ones which you can obtain free or which may be reproduced for distribution.
3. For each piece of material, attach a card listing the following:
 - a. Title of material
 - b. Where material can be obtained
 - c. Contact person, if applicable
 - d. Cost (if any)
 - e. Basic Concepts which the material presents
 - f. Evaluation of the material
4. Sort materials into categories.
5. Label folders and file materials.

ACTIVITY CARD

The following is a reduced sample of the Activity Card for the trainee to write up activities which he/she learns from others, makes up himself/herself, etc. Specific information regarding the development of the card is presented in the "Teacher Resources" chapter of each curriculum book.

Concept/Skill:	Activity:
Learning Center:	Grouping:
Objective:	
Materials:	
Procedures:	
Other Concepts/Skills:	Other Activities:

ACTIVITY CARD

The following is a reduced sample of the Activity Card for the trainee to write up activities which he/she finds in books and materials which he/she owns or has ready access to in the center. Specific information regarding the development of the card is presented in the "Teacher Resources" chapter of each curriculum book.

Concept/Skill:	Activity:
Learning Center:	Grouping:
Resource:	
Page:	
Other Concepts/Skills:	Other Activities:

RESOURCE OR LEARNING UNIT

THEME/CONCEPT/SKILL:			CURRICULUM AREA:	
Books, Stories, Films	Poems, Fingerplays	Songs, Rhythms, Records	Dramatic Play	Gross Motor

RESOURCE OR LEARNING UNIT

THEME/CONCEPT/SKILL:		CURRICULUM AREA:			
Manipulative Materials	Art Activities	Field Trips	Cooking Experiences	Community Visitors	Other

BOOK CARD

The following is a reduced sample of the Book Card for the trainee to write up children's books which he/she reads and has access to for use with the children. Specific information regarding the development of the card is presented in the "Teacher Resources" chapter of the curriculum book.

Concept/Skill:

Title:

Author:

Publisher:

Cost: (If available)

Summary or description of the content:

List of all major concepts which the story will teach:

CHAPTER XI

PORTFOLIO DEVELOPMENT

As a part of the assessment and credentialing process for the Child Development Associate Credential, the Candidate (trainee) must develop a Portfolio. The Portfolio should contain materials which present a complete and accurate picture of the Candidate's competence in working with three to five year old children in a group setting.

A. REQUIREMENTS

Child Development Associate Consortium guidelines for development of the Portfolio are broad and general. The Portfolio must include (1) a personal profile of the Candidate, of no more than 300 words; (2) thirteen sections, one for each of the functional areas; (3) at least one piece of evidence in each of the thirteen functional areas, accompanied by a written explanation of the reason the evidence is included and the way it demonstrates the Candidate's work with children, and (4) each piece of evidence must be labeled with the functional area.

The Portfolio is not a scrapbook, and pieces of evidence should be selected carefully. Developing the Portfolio should be a learning experience and an outgrowth of the Candidate's training and working with children.

B. OPTIONAL INFORMATION FOR THE PORTFOLIO

The following suggestions for the Portfolio are NOT requirements, but ideas that have proved successful for many candidates during the field test of these materials.

1. Description of the setting, including type of center, information about the children's backgrounds and ages, etc.
2. Beliefs about Early Childhood Education, including a brief discussion of the Candidate's philosophy of early childhood education.
3. For each of the thirteen functional areas, include the following pieces of evidence:
 - a. Rationale---a discussion of the reasons the Candidate feels that the functional area is important to a program for young children.
 - b. Goals---a listing of the broad goals in the specific functional areas that the Candidate has set for the program and/or the children for the year.
 - c. Evidence---two additional pieces of evidence which illustrate the Candidate's competence in each area, including a written explanation for each. (Including these pieces of evidence in the Portfolio will give a minimum of four pieces of evidence for each of the thirteen

functional areas, rather than the one that is required.)

4. Illustrating Evidence---Pieces of evidence may be sketches, photographs, samples, examples, or written descriptions of the activity or item presented. The Candidate would then write a brief explanation showing the ways in which the evidence demonstrates competence in the area and the reason for its being in the Portfolio.
5. Neat and legible---this may be printed, longhand, or typed.
6. Easy to handle---large cumbersome materials and items falling out provide difficulty for each person reviewing the Portfolio. Select a format for the Portfolio and keep it simple and consistent. (Most Candidates have found that a loose leaf notebook or manila folders provide the best format.)

The Portfolio Outline and the Sample Portfolio which follow are designed to provide a guide for trainers and trainees working toward assessment. Through field testing the materials, these guides have proved beneficial to trainees in developing their own individual Portfolios.

PORTFOLIO OUTLINE

I. Entering Materials in the Portfolio

- A. Include the title of the functional area and the evidence number in the upper right-hand corner of each piece of evidence.
- B. Explain the reason for including the piece of evidence in the specific functional area.
- C. Describe how the piece of evidence demonstrates the individual's competence in the functional area.
- D. If a piece of evidence pertains to more than one functional area, include it only once, and in the description, note the other area(s) to which it pertains.
- E. Mount or index materials in a uniform manner.
- F. Be neat and organized.

II. Sample Rationale

Nutrition is vital to the development of preschool children. A knowledge of nutrition is essential for the individuals in a child development center where they are responsible for the health and welfare of each child in the center.

Teachers in a child development center should be committed to the development of the whole child, which means they must develop the ability to plan and prepare nutritious meals and snacks for children. In addition, they must provide experiences in the curriculum to promote good nutrition and mealtime habits in children. Throughout, the teacher must consider the child's developmental level and home environment.

III. Sample Goals

- A. Each child will be able to select the foods necessary in a daily balanced diet.
- B. Each child will be able to serve many foods for himself/herself.
- C. Each child will be able to try new foods prepared in a new way, with a minimum of persuading.
- D. Each child will show a positive increase in physical development.
- E. Each child identified as having a nutrition deficiency will be provided with a program to correct the deficiency.

INDIVIDUAL STRENGTH

Definition

Helps each child develop a sense of independence and acquire the ability to express, understand, and control his/her feelings.

Rationale

Describe the importance of the functional area.

Goals

List the goals for the year for the group to accomplish.

Other Pieces of Evidence might be:

Activity Plans---describe the types of activities used for developing individual strength and include the plans and descriptions.

Individual Plans---describe how individual plans are developed for children with special needs and how these plans are implemented; describe who designs the plans and include a sample.

Guidance Techniques---describe the general guidance techniques utilized for implementing the total program; include specific techniques implemented for special situations.

Evaluation---describe evaluation techniques utilized determining the effectiveness of guidance techniques.

Developing Progress---describe or include the instruments used for recording the developmental progress of the children toward self-direction and self-guidance.

INDIVIDUAL STRENGTH RATIONALE

Each person is unique and has their own strengths, weaknesses, feelings, and abilities. As a teacher of young children, I must understand this, and work with each child to develop his abilities.

One aspect of individual strength is to become independent, to some degree. Children must learn to do things for themselves and to take responsibility for some things. They also must learn to take responsibility for their actions and develop the ability to accept, express, and control their emotions.

Children develop a variety of self-help skills as they relate to care of themselves, but need help with some, such as tying shoes, serving their plates, picking up and cleaning up after themselves. The center should provide in both formal and informal ways opportunities for children to develop not only a sense of independence, but some independence of action. Much of this is also related to room arrangement and atmosphere (environment) and the type of guidance provided (group management).

To be able to accept, express and control emotions is a difficult task because children do not have all the words to express themselves and new situations stimulate new feelings. By setting a good example, providing a variety of activities on emotions, talking with children, etc. the teacher can enhance development in this area.

INDIVIDUAL STRENGTH GOALS

1. To develop the ability to perform basic self-care tasks for themselves, washing, brushing, dressing, etc.
2. To take responsibility for materials and equipment.
3. To identify and express their feelings in positive ways and to teach positive ways to express negative feelings.
4. To accept all feelings.
5. To understand the relationship between some actions and some feelings.

DEVELOPING SELF-HELP SKILLS

I have the children do many things each day to develop self-help skills and thus foster a sense of independence. Below is a list of some of the things we do daily:

1. Children serve their plates for meals and snacks, sometimes buffet and sometimes family style. I use measuring cups so children get the minimum serving and because they are easier to handle.
2. Children empty their plates and clean their place at the table each time we eat.
3. During the day the children get out and put away most materials, except for teacher directed learning activities.
4. Each child has a special place for his coat and belongings and is responsible for keeping his things there.
5. Being involved as a helper, as previously explained.
6. Washing, toileting, and brushing teeth.
7. We have a cooking experience at least once a week and each child is involved in this activity to prepare a food.

FEELINGS - PICTURE DISCUSSIONS

The ability to accept, understand, express, and control feelings is difficult for the children and one way I try to work with this is through picture/discussions. During group time I will talk about feelings, maybe based on something a child has said. I will then show several pictures on this feeling and we will talk about what the people in the picture feel, why they feel that way, and other ways we can express the feeling. We try to talk through the picture and how it makes us feel. I always end with a pleasant picture to lead children into the next activity.

These pictures are in my picture file and come from magazines, color books, cartoons, etc.

SELF-CONCEPT

Definition

Helps each child know, accept, and appreciate himself/herself as an individual.

Rationale

Describe the importance of the functional area.

Goals

List the goals for the year for the group to accomplish.

Other Pieces of Evidence might be:

Activity Plans---describe the types of activities used for developing self-concept and include some plans and a description.

Equipment and Materials---describe the types of equipment and materials which are available for the development of self-concept and how these are used. Include materials which you feel should be added and why.

Developmental Progress---describe or include instruments used for recording the developmental progress of the children in self-concept.

SELF-CONCEPT RATIONALE

A positive self-concept is important to enable an individual to feel he has worth and dignity. With a positive self-concept, people are better able to try new things and face momentary defeats. Children's attitudes, values, and beliefs are set in early childhood and these tend to stay with them throughout life. If a child develops a positive self-concept, he will be better able to deal with the constantly changing world he lives in.

To develop positive concepts in children we must be alert to their needs and abilities in all areas. We must meet their basic needs and help them develop the skills to meet some of these needs themselves. We must know their developmental levels in various areas so we can provide experiences which challenge, but do not frustrate them.

Each child is special and unique from every other child and like every other child. We should point this out in a positive manner and help children accept themselves, their families, etc.

Developing positive self-concepts can be done informally each time we deal with the children. In addition, I plan at least one activity each week in this area. To help children feel "special" they take turns being helpers in some way each day.

SELF-CONCEPT GOALS

1. To like themselves and feel good about who they are.
2. To recognize the importance of families and accept the many forms of families.
3. To be proud of their family and heritage.
4. To express their thoughts without worry that someone will make fun of them.
5. To know and accept their physical features.
6. To recognize and accept the fact that people are alike and different at the same time.

HELPER'S CHART

In our classroom there are several tasks with which the children can help, setting the table for breakfast, lunch, and snack; watering the plants; feeding the fish; sweeping after meals; cleaning the tables; etc. My helpers chart is made of felt and has pictures of the various ways the children can help. At circle time each morning we put the name plates of the children who will help with the activities for the day. I write these in my notebook so that no child will be left out and so children will change the helping activities each day.

I have included a sketch of the Helper's Chart in my Portfolio.

PICTURE PUZZLES

Besides the "Me" book we make to learn body parts and self-image, and the "Me" mobile, during the first part of the year I take pictures of each of the children involved in an activity. I then have 3 x 5 enlargements of the pictures made, paste them to cardboard, cover with plastic, and cut into puzzles. The children enjoy making their own and other children's pictures.

Each puzzle is in an envelope on the manipulative shelf and the children take their puzzle home at the end of the year or else we move it to the room they are moving to.